AMIEN					Docket No.
AMENDMENT TRANSMITTAL LETTER				1817-0122P	
Applicatio		Filing Date		Examiner	Art Uni
10/073,943-Co	onf. #5273	February 1	14, 2002	R. Canfield	3635
plicant(s): Rola	ando MORENO	)			
vention: Claddir	ng system				
S Amendment mmissioner for l D. Box 1450 exandria, VA 223					
ransmitted here he fee has beer				• •	
	. 55.55.65.66		S AS AMENI		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =	0	x	
Independent Claims	3	- 3 =	0	х	
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Other fee (pleas	e specify): E	Extension for res	ponse within the	nird month	1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				4 000 00	
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x Large Entity				Small Entity	1,020.00
x Large Entity  No additiona	al fee is require	d for this amer	ndment.		1,020.00
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x Large Entity  No additional  Please charge A duplicate of  X A check in the  Payment by  X The Director as described  X Credit and  X Charge of  Attorney Reg. N  BIRCH, STEWA	al fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card. For is hereby auth d below. A dup ny overpaymen any additional fil ery lo.: 28,380 ART, KOLASC	d for this amerount Noeet is enclosed 1,020.00 orm PTO-2038 norized to charolicate copy of the c	ndment.  it  to cover is attached.  ge and credit this sheet is a con processing.	the amount of \$ the extension fee is Deposit Account No enclosed.  fees required under 3	enclosed.  o. 02-2448  7 CFR 1.16 and 1.17
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x Large Entity No additional Please chare A duplicate of X A check in the Payment by X The Director as described X Credit at X Charge at Attorney Reg. N BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O. Box 747	al fee is require ge Deposit Acc copy of this sho ne amount of \$ credit card. For is hereby auth d below. A dup ny overpaymen any additional fil ery lo.: 28,380 ART, KOLASC e Road	od for this amerount Noeet is enclosed 1,020.00 orm PTO-2038 norized to charolicate copy of the	ndment.  it  to cover is attached.  ge and credit this sheet is a con processing.	the amount of \$ the extension fee is Deposit Account No enclosed.  fees required under 3	enclosed.  o. 02-2448  7 CFR 1.16 and 1.17
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PTO/SB/17 (12-04v2)

If Under the Paperwork Reduction Act of 1995, no person are required to	U.S. Patent and Trade	emark Office; U.S. DEP	PTO/SB/17 (12-04v2) 7/31/2006. OMB 0651-0032 ARTMENT OF COMMERCE					
	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known							
Effective on 12/08/2004. Spec pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/073,943-Conf. #5273						
FEE TRANSMITTAL	Filing Date February 14, 20							
	First Named Inventor	Rolando MORENO						
For FY 2005	Examiner Name R. Canfield							
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 3635							
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00	Attorney Docket No. 1817-0122P							
METHOD OF PAYMENT (check all that apply)								
Deposit Account Deposit Account Number: 02-2448 Deposit Acc			& Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	x Credit any ove	rpayments						
FEE CALCULATION	-							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	ARCH FEES EXAM	INATION FEES						
Small Entity  Small Entity  Foo (8)	Small Entity	Small Entity	Food Boid (\$)					
Application Type         Fee (\$)         Fee (\$)         Fee (\$)           Utility         300         150         500	250 Fee (\$) Fee (\$		Fees Paid (\$)					
,								
Design 200 100 100								
Plant 200 100 300	150 160							
Reissue         300         150         500           Provisional         200         100         0	250 600 0 0							
	0 0	0	Small Entity					
2. EXCESS CLAIM FEES Fee Description			Small Entity Fee (\$) Fee (\$)					
Each claim over 20 (including Reissues)			50 25					
Each independent claim over 3 (including Reissues)			200 100					
Multiple dependent claims			360 180					
Total Claims Extra Claims Fee (\$) Fee	Paid (\$) <u>Multiple Dependent Claims</u>							
7 -20 = 0 x =		Fee (\$)						
	_							
	Paid (\$)							
3 -3 = 0 × = 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper	(excluding electronically	filed sequence or	computer					
listings under 37 CFR 1.52(e)), the application size fee du	ie is \$250 (\$125 for small							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).							
	dditional 50 or fraction the		Fee Paid (\$)					
	(round up to a whole number	er) x =	:					
4. OTHER FEE(S)  Non-English Specification \$130 for (no small entity discount)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00								
SUBMITTED BY Pagistation No.								
Signature 7	Registration No. (Attorney/Agent) 28,38	0 Telephone	(703) 205-8000					
Name (Print/Type) James M. Slattery		Date 1	November 9, 2005					
	442 219							
for	743,368							